## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER AFTER AFTER AS FILED LIS A BRODONOST MANDONDIT SH TAMOGRACIA IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. Ġ 75, 91. TOTAL DOL ¥ TOTAL Dia. ¥ TOTAL DEF. Ψ TOTAL TOTAL MD. TOTAL